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TO CONS/ILGCI for CE Customers, LGCB for all others, except LGCX for specialized] THROUGH ZISW/FMFC (the DFAS liaison office at Peterson AFB) FORDIL FORM FORCE / Repleasable IYOUR NAME, UNIT, PHONE AND ADDRESS! FOR DELIVERY TO THE SUPPLIES AND SERVICES BUILDERATED BELIOW AND IN THE ATTACHOL UIST, BE PURCHASED FOR [END TITEM, EVENT, OR PURPOSE] FOR DELIVERY TO OSSCRIPTION OF MATERIAL OR SERVICES TO BE PURCHASED OUN SERVICES, NONPERSONAL, TO PROVIDE LABOR, TOOLS, MATERIALS, AND TRANSPORTATION TO [INSTALL/REPAIR/PERFORM/WHATEVER SERVICE- DESCRIBE SERVICE IN DETAIL SO THAT A PERSON OTHER THAN YOURSELF CAN UNDERSTAND THE REQUIREMENT-INCLUDE PLACE SERVICE IS TO BE PERFORMED—ATTACH STATEMENT OF WORK IF NEEDED—AVOID USE OF A CRONYMS—INCLUDE A SUGGESTED SOURCE(S) W/FIRM NAME, ADDRESS, PHONE, AND P.O.C.] COORDINATIONS (list as needed, but always include your RA and FM, in the following manner): SOSW/FM ALWAYS ADD THIS STATEMENT, IF TRUE: "I have reviewed the requirement, including available technical documentation, and believe that it does not require the contractor to use Class I ozone depleting substances (ODS) identified in Air Force Policy, nor is it writtens to that it can only be met by the use of a Class I ODS." (IF NOT TRUE, TALK TO THE CONTRACTING OFFICER) FUNDER \$2,500, ADD STATEMENT: IMPAC not usable for this requirement because TOTAL PROPOSE [PROVIDE A BRIEF DESCRITION OF HOW THE ITEM WILL BE USED OR THE REASON THE SERVICE IS NEEDED—IF FOR A PARTICULAR EVENT SPECIFY THE EVENT (SUCH AS AN ITEM FOR THE BASE PICNIC)] DATE TOTAL INSTANCE T											
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